

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		101	10/24
FORMALITY REVIEW	Aetnole	TC 826	11/17/00
RESPONSE FORMALITY REVIEW	att	571	04/27/01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-Resisted
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeared
÷ .....	Restricted	O .....	Objected

Claim		Date
Final	Original	
1	✓	1/23/03
2	✓	9/6/03
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
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Claim	Date
Final Original	
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**Best Available Copy**

If more than 150 claims or 10 actions  
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